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Interim Guidelines for
- **Correctional facilities**
- **Detentional facilities**

Workplace Prevention and Management of
Acquired Immunodeficiency Syndrome (AIDS)
and Human Immunodeficiency Virus Infections (HIV)

Manitoba
Health

WORKPLACE PREVENTION AND MANAGEMENT OF

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

AND

HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS (HIV)

INTERIM

GUIDELINES FOR

CORRECTIONAL AND DETENTIONAL FACILITIES

Manitoba Health

PREFACE

The purpose of this series of infection control guidelines is to provide information on measures which should be taken to prevent the transmission of AIDS virus (HIV) infection in the community, in institutions and in other workplaces.

AIDS virus (HIV) infection is transmitted by the exchange of blood and/or body fluids; it is basically a sexually transmitted infection and modification of sexual practices is the single most important method of preventing infection.

In the workplace, handwashing and caution in the use and disposal of needles are the most important infection control procedures.

Most persons with AIDS virus (HIV) infection are asymptomatic and many are not aware that they are infected. For this reason, appropriate precautions must be taken for all persons at risk of being infected. In most situations the following guidelines are applicable to all persons - whether they are identified as being infected or not.

The titles available under the series of Workplace Prevention and Management of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus Infections (HIV) are:

Guidelines for hospitals, laboratories, and pathologists
Guidelines for funeral directors
Guidelines for home care providers, and long term facilities
Guidelines for providers of pre-hospital emergency care and resuscitation training
Guidelines for dentistry
Guidelines for correctional and detentional facilities
Guidelines for schools and daycare centres
Guidelines for personal service workers.

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As the bibliography indicates, Canada Diseases Weekly Report (CDWR) and Morbidity Mortality Weekly Report (MMWR) recommendations are the basis for many of these guidelines.

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INTRODUCTION TO AIDS AND AIDS VIRUS (HIV) INFECTION

DEFINITION

Acquired Immunodeficiency Syndrome (AIDS) is a breakdown of the body's immune system - its natural defense against disease. Without this protection, a person is vulnerable to illnesses which a healthy immune system can prevent.

A person with AIDS fights an ongoing battle against many illnesses. Rare forms of pneumonia, skin cancer or brain infection may occur and are eventually fatal.

CAUSE

AIDS is caused by a virus - commonly called the Human Immunodeficiency Virus (HIV) - which attacks the body's immune system. Infection with this virus does not always lead to AIDS. Infected persons may have a mild illness or none at all. As yet, it is not known why some people become ill and others do not. The amount of virus, as well as infection by other viruses, may influence the development of AIDS.

SYMPTOMS

At present, the vast majority of persons with an AIDS virus (HIV) infection (approximately 70%) may feel completely well and have no symptoms. Some infected persons (approximately 25%) have some of the following symptoms: swelling of glands in the neck, armpits and groin, a thick white coating on the tongue, unexplained weight loss, persistent diarrhea, a harsh dry cough, tiredness, fever, or night sweats. These symptoms may be referred to as AIDS-related conditions (ARC). Only about five percent of persons presently infected with the AIDS virus (HIV) have the actual syndrome known as AIDS.

TRANSMISSION (Spread)

How the Virus is Spread

. The AIDS virus (HIV) has been shown to be spread from an infected person to an uninfected person in the following ways:
  - through sexual contact (penis/vagina, penis/rectum, mouth/rectum, mouth/genital)
  - through sharing needles used in injecting drugs,
  - through transfusion or injection of infectious blood or blood products; to help prevent this type of spread, all blood donations in Canada are now screened for evidence of AIDS virus (HIV) infection,
  - from an infected woman to her fetus or newly born baby.

. An individual can be infected with the virus that causes AIDS without having symptoms of AIDS or appearing ill. Infected individuals without symptoms can transmit the infection to others. Once infected, a person is presumed infected for life, but actual symptoms may not develop for many years.

. A single exposure to the AIDS virus (HIV) may result in infection.

How the Virus is NOT Spread

. There is no evidence that the virus is spread through casual social contact such as shaking hands, social kissing, coughing, sneezing, sharing swimming pools, bed linens, eating utensils, office equipment, or being next to or served by an infected person. There is no reason to avoid this type of contact with an infected person.

. It is not spread by the process of giving blood; new transfusion equipment is used for each donor.

. It is not spread by sexual intercourse between uninfected individuals who have maintained an exclusive sexual relationship.

RISK ACTIVITIES

1. Sexual activity with a number of different partners, particularly if they are anonymous.
2. Anal intercourse
3. Intravenous drug abuse.

GROUPS AT RISK

1. Homosexual and bisexual men
2. Intravenous drug abusers
3. Recipients of multiple blood or blood product transfusions prior to 1986
4. Children born to mothers infected with the AIDS virus (HIV)
5. Persons with multiple sex partners.
6. People who are sexually active with individuals who are or may be infected.

AIDS AND AIDS VIRUS (HIV) TESTING

At the present time, blood can routinely be tested only for signs of the virus. These signs are special blood components called antibodies which form in response to the virus. The blood test is available only at the request of a physician and should only be done after appropriate counselling has taken place.

Positive Antibody Test

If antibodies to the AIDS virus (HIV) are found in the blood, it means the person has been infected with this virus at some time. A positive test result does **NOT** mean that a person has AIDS or will get AIDS at some time in the future. It does **NOT** mean the person is immune to (protected from) the virus. It **DOES** indicate that the person has been exposed to the virus, is assumed to carry the virus and could spread it to others.

Negative Antibody Test

A negative test usually means that the person has not been infected with the AIDS virus (HIV).

TREATMENT

At this time there is no treatment which can repair the breakdown of the body's immune system. Treatments are available for many of the illnesses which develop because of the weakened immune system. However, AIDS is always fatal. Most patients die within three years of diagnosis.

PREVENTION

No vaccine is currently available. The only strategy to combat the spread of infection is to prevent the transmission of the virus from one person to another.

PUBLIC EDUCATION

GENERAL PUBLIC

Education of the general public is an essential component of the program to control AIDS and AIDS virus (HIV) infections. Knowledge of how the disease is spread and how to avoid infection should reduce much of the concern which exists in the community. At the same time, accurate information should motivate all individuals to realistically reduce their own risk of acquiring or transmitting this infection.

People infected with the virus may seem completely healthy and may not even know they have it. Although most persons in North America who are known to be infected are in groups at risk, anyone who is exposed can become infected. Therefore, it is prudent for everyone to take precautions to protect themselves from becoming infected. The following information and advice is appropriate for the general public:

- Infection through sexual contact can be avoided by abstaining from sexual activity. Sexually active persons can avoid the AIDS virus (HIV) infection by establishing a mutually exclusive relationship with an uninfected partner.

- Individuals who are sexually active should not have sex with many different people. The more partners one has, the greater the chances of having sex with an infected person.

- The use of condoms is strongly encouraged if there is any possibility that a sex partner has been exposed to or is infected with AIDS virus (HIV). A history of intravenous drug-use or of many sex partners increases the chance that a person may have been infected.

- Sharing needles and syringes should be avoided.

- Anal intercourse should be avoided. It is important to use a condom if one does have anal intercourse.

SCHOOLS

School boards and public health offices are encouraged to develop education programs to inform children, parents, and teachers about AIDS and AIDS virus (HIV) infections. Education about risk factors and risk reduction methods should be factual and non-judgmental.

SCHOOL AND COLLEGE AGED POPULATIONS

Education to these students should emphasize:

- One can virtually <u>eliminate</u> the risk of AIDS and AIDS virus (HIV) infections by saying no to sex and drugs.

- One can <u>reduce</u> the risk of AIDS by practicing responsible sexual behavior with a mutually exclusive partner and avoiding risk activities.

GROUPS AT RISK AND RISK ACTIVITIES

Persons in risk groups and persons who engage in risk activities should be informed about AIDS and AIDS virus (HIV) infections so they can take precautions to minimize their chances of acquiring or transmitting the infection.

The following advice is particularly appropriate for persons who are in known risk groups or who engage in risk activities:

- Use condoms during sexual activity. The proper use of condoms may prevent infection with the virus carried in semen and vaginal fluid.

- Do not have anal intercourse. It can cause sores or cuts in the rectum and the virus may get into the bloodstream through these breaks. If you do have anal intercourse, use a condom.

- Do not have oral sex if you have open sores or cuts in the mouth.

- Do not allow semen, blood, urine or feces to enter the body of a sexual partner.

- Infected women should use a reliable method of contraception to avoid pregnancy.

- Never share needles and syringes with anyone.

- Do not donate blood, organs or sperm.

THE WORKPLACE

It is essential that all individuals be knowledgeable about basic infection control practices and be encouraged to follow them. An educational effort directed to staff in all workplaces is an important aspect of preventing transmission of infections and reducing anxiety and misunderstanding about the infection. Although educational initiatives need to address communicable diseases in general, specific emphasis should be directed at AIDS and AIDS virus (HIV) infections. The goal of this education is to combat fear that is based on misinformation or lack of information and to minimize the risk of transmission of AIDS virus (HIV) by promoting good health practices. These include routine use of infection control precautions and eliminating risk behaviors. Staff also need to be provided with information regarding the signs and symptoms of AIDS virus (HIV) infections, the methods of transmission of the virus and preventive measures. This information should be presented in terms that are easily understood and should include literature in foreign languages if required.

GUIDELINES FOR CORRECTION AND DETENTION FACILITIES

These guidelines apply specifically to prisons and jails, but the general recommendations and guidelines are also appropriate for juvenile detention centres.

SUMMARY

1. Routine screening of individuals admitted to correction/detention facilities is not warranted.

2. If an individual is known to be infected with AIDS virus (HIV), the individual may be held in a separate area for reasons of his or her own personal safety.

3. Education and counselling regarding AIDS and AIDS virus (HIV) infections should be provided for all inmates/residents and staff. This should be directed at reducing the risk of transmission by unprotected sexual contact and abuse of intravenous drugs.

4. Blood and body fluid spills should be wiped up immediately with a solution of household bleach (See Glossary, page 19) prepared fresh daily.

EDUCATION

Education Of Staff and Inmates/Residents

A comprehensive educational program directed to the correctional staff and inmates/residents is an important aspect of preventing transmission of infections and in reducing the anxiety and misunderstanding about the potential for transmission of infections. Although this education needs to address communicable diseases in general, specific emphasis should be directed at AIDS and AIDS virus (HIV) infections. The goals of such education are to combat fear that is based on misinformation or lack of informa-

tion and to minimize the risk of transmission of AIDS virus (HIV) by promoting good health practices. These include routine use of infection control precautions and eliminating risk behaviors. Staff and inmates/residents need to be provided with information regarding the signs and symptoms of AIDS virus (HIV) infections, the methods of transmission of the virus and preventive measures. This information should be presented in terms that are easily understood and should include literature in languages other than English, if required.

GENERAL INFECTION CONTROL RECOMMENDATIONS

1. If indicated, facilities should evaluate and improve programs to control illegal drug use, unauthorized tattooing and illicit sexual activity.

2. Procedures and operations should discourage the sharing of unsterilized objects such as razors (electric or straight edge) and toothbrushes which could be contaminated with the blood and/or body fluids of others.

3. Cleaning supplies including brushes, baskets, bleach, rubber gloves, and plastic bags should be available to inmates/residents. Inmates/residents should be encouraged to routinely clean their cell or room.

4. First aid information and supplies should be readily available.

5. All staff should routinely wear gloves for direct contact with mucous membranes or non-intact skin of inmates/residents.

6. Standard procedures should be developed for inmates/residents and staff to use when cleaning up after any accident or injury, and for cleaning areas or handling objects potentially contaminated with body fluids:

   . Gloves should be worn, especially when individuals have open lesions on their hands.

- Blood and body fluid spills on surrounding surfaces should be cleaned with a disposable towel and bleach solution (See Glossary, page 19) as soon as possible after the spill.

- Blood or body fluid soaked items that are disposable should be placed in a sturdy plastic bag. This bag should be sealed and marked with "Blood and Body Fluid Precautions."

- Persons cleaning up spills or handling contaminated items should wash their hands after such activities, even if they had been wearing gloves.

- Clothes and linens contaminated with blood and/or body fluids should be placed in a plastic bag and laundered separately. Persons handling contaminated clothing should wear gloves.

- Persons whose clothes have been contaminated with body fluids of another person should be provided with a change of clothes and an opportunity to wash as soon as possible.

- Any person who has had a significant exposure (splashing of a body fluid into the eye, mouth or an open lesion; puncture with an item contaminated with a body fluid; or a bite) should consult with the medical staff regarding the exposure and follow-up recommendations.

AIDS VIRUS (HIV) INFECTIONS IN CORRECTION/DETENTION FACILITIES

The need for institutional control programs to prevent AIDS virus (HIV) infections depends on two main factors:

1. The frequency of sharing IV drug abuse equipment and the frequency of male homosexual activity among inmates/residents.

2. The prevalence of AIDS virus (HIV) infections among inmates.

Transmission requires both the presence of the virus in the inmate/resident population and opportunities for spread. The risk of transmission of AIDS virus (HIV) increases as the frequencies of both factors increase.

Little is known about the prevalence of AIDS virus (HIV) infections or their transmission in correction/detention facilities. However, since intravenous drug abuse is an important factor predisposing to both incarceration/ apprehension and infection, a higher proportion of inmates/residents will be infected with this virus than in the general population.

RECOMMENDATIONS FOR THE IDENTIFICATION AND EVALUATION OF AIDS VIRUS (HIV) INFECTIONS

1. All newly-admitted inmates/residents should be routinely interviewed to identify immediate and long term medical problems. In addition, inmates/residents held 14 days or longer should be seen and interviewed by the facility's medical personnel. This interview should include questions directed at identifying specific symptoms and risk activities associated with AIDS virus (HIV) infections. All medical information obtained during the interview should be regarded as confidential and maintained as such in a separate file from other information regarding the inmate/resident.

2. Inmates/residents should not be routinely tested for antibody to AIDS virus (HIV) upon entrance into the facility or during their stay.

3. In general, while inmates/residents are in the facility, AIDS virus (HIV) antibody tests should be performed for diagnostic evaluations of those who are symptomatic. In addition, antibody testing and counselling services should be available for any person who wishes to be tested. Individuals in groups at increased risk for AIDS virus (HIV) infections should be encouraged to utilize the testing and counselling services. In any situation, the antibody test should only be performed after an inmate/resident has been medically evaluated, has signed an informed consent form and has received counselling from medical personnel regarding the test. An inmate/resident who has had a test performed, should be offered additional counselling when he or she receives the test result. Inmates identified to be in groups at highest risk for AIDS virus (HIV) infections who were not counselled and tested during their incarceration/detention should be referred for testing at the time of their release. Counselling regarding the need for antibody testing and available referral services should be coordinated by the medical staff.

Recommendations Regarding Confidentiality

1. Information regarding who has been tested and/or who is being evaluated for an AIDS virus (HIV) infection should be limited to the medical record. Access to information in those records should be confined to medical staff who have a need to know.

2. Individually identifiable information regarding inmates diagnosed with an AIDS virus (HIV) infection should be limited to the medical staff. Where indicated, medical staff should inform workers that strict adherence to blood and body fluid precautions is necessary.

INFECTION CONTROL RECOMMENDATIONS FOR AIDS VIRUS INFECTIONS

1. Inmates who are under medical evaluation for suspected AIDS virus (HIV) infection or who have been diagnosed with an AIDS virus (HIV) infection should not be managed differently than other inmates unless

medically indicated on the basis of signs, symptoms or co-existing infections.

- **Housing**--Inmates/residents with AIDS virus (HIV) infections should be housed with the general population, although they should not be placed in multi-person cells or rooms.

- **Activities**--Inmates/residents with AIDS virus (HIV) infections should be allowed standard access to recreational activities, work assignments, visitation privileges, showers and bathroom facilities, food services and other program activities.

- **Laundry**--Unless grossly soiled with body fluids, the laundry of inmates/residents with AIDS virus (HIV) infections should be handled using the general guidelines listed above and washed with that of the general population.

- **Transportation**--Standard security precautions should be utilized when transporting inmates/residents with AIDS virus (HIV) infections.
  No special infection control precautions need to be instituted.

- **Security**--Routine security procedures should be utilized when handling infected inmates/residents or responding to security situations. No special infection control precautions are required.

2. When an inmate/resident with an AIDS virus (HIV) infection requires special handling or infection control precautions based on his/her health status, the medical staff should recommend special handling orders based on standard medical practice.

3. Persons who work and reside in correction/detention facilities have a right to be protected from acquiring an AIDS virus (HIV) infection in the facility. This includes protecting them from infected individuals who exhibit behaviors such as sexual assault or physical assault that might lead to the exchange of body fluids. Persons

responsible for the administration of the facility should take appropriate measures to protect inmates/residents and staff from situations which pose such risks. Appropriate protective measures may include segregation or more intensive supervision of the aggressive (dangerous) individual and special handling of the body fluids.

5. The above measures should reduce risks of transmission of infection, but accidents resulting in exposure may still occur and some persons in custody may exhibit violent or uncontrolled behavior, including rape, resulting in exposure of others to their blood or other body fluids. Blood testing plays a useful role in the management of such incidents. (See Management of Parenteral and Mucous Membrane Exposure)

RECOMMENDATIONS FOR PROVIDING SUPPORT SERVICES

1. The medical staff should be responsible for providing or assuring that the inmate/resident receive counselling prior to being tested for AIDS virus (HIV) antibody, for informing the inmate/resident of the test result, and for counselling the inmate/resident regarding the meaning of the test result and on prevention implications.

2. The medical staff should assess the need of infected inmates/residents for medical and social/psychological support services. When necessary, they should arrange for the individual to have access to such services.

3. Prior to release from the facility, infected inmates/residents should receive counselling regarding recommended precautions and prevention procedures to be utilized when they return to society. Community medical and psychological service referrals should also be made for inmates/residents who desire such follow-up upon their release.

Recommendations For The Education Of Staff And Inmates/Residents

1. Manitoba Health should assist in the development of information and materials on AIDS virus (HIV) infections that can be incorporated into the facility's training program.

2. In addition, correctional facilities should develop and implement, with the assistance of Manitoba Health, education programs that specifically address the needs and concerns of their staff and inmates/residents regarding infection control precautions and AIDS virus infections. Educational materials regarding communicable diseases and infection control precautions in general as well as specific emphasis on AIDS virus (HIV) infections should be provided as part of an orientation package for staff beginning employment and for inmates/residents entering the facility. The language in educational materials should use terms that are easily understood by the general population and should be available in foreign languages if required. Employees should also be provided with periodic information updates as well as continued access to written materials or other information sources.

MANAGEMENT OF POSSIBLE WORKPLACE EXPOSURE TO AIDS VIRUS (HIV)

If a worker or a patient/client has a needle puncture or cut to the skin or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids, the source person should be assessed clinically and epidemiologically by a physician to determine the possibility of AIDS virus (HIV) infection.

If such infection may exist, the source person should be informed of the incident and requested to consent to blood testing for evidence of AIDS virus infection. If the source patient is found to be infected or declines testing, the person who was exposed to possible infection should be evaluated clinically and serologically for evidence of AIDS virus (HIV) infection as soon as possible. If the exposed person's first blood test is negative, he or she should be retested after a period of 6 weeks and again at 3, 6 and 12 month intervals to determine if transmission has occurred. If the source person continues to show a negative test and has no evidence of AIDS virus (HIV) infection, no further follow-up is necessary.

GLOSSARY

AIDS	Acquired Immunodeficiency Syndrome.
ARC	AIDS-related Complex.
HIV	Human Immunodeficiency Virus: the agent which causes AIDS; formerly known as Human T-Lymphotropic Virus III/ Lymphadenopathy Associated Virus (HTLV-III /LAV).
HCW	Health Care Worker
HBV	Hepatitis B Virus
PSW	Personal Service Worker
Antiseptic	a chemical having the ability to destroy potentially infective micro-organisms and which can be used safely on living tissues.
Bleach Solution	the most commonly recommended disinfectant in these guidelines is bleach solution (i.e. a 0.5% sodium hypochlorite solution which can be prepared by mixing household chlorine bleach - (5.25%) one part bleach to nine parts water). It must be prepared fresh daily. This solution is corrosive and must be used with caution on metal surfaces.
Cleaning	Scrubbing and washing, with hot water, soap or detergent to remove infectious agents and/or organic matter from surfaces.
Disinfection	the use of germicidal chemical agents to destroy infectious agents.
Sterilization	the use of a physical process or chemical agents to eliminate all viable microorganisms. Steam and gas autoclaving and dry heat ovens are the most common methods.

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